Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
FOR		NUMBER FILED		NUMBER EXTRA			RATE	FEE	1 1	RATE	FEE		
BASIC FEE				31.						380.00	OR		760.00
TOTAL CLAIMS			14	minus 2	20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =			*~			X39=		OR	X78=	156
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	916
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		REM A	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDJ- TIONAL FEE
Š	Total	* . i.	15	Minus	**	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	<u>5</u>	Minus	**		=		, X39=		OR	X78=	
20条 数15 4.35	FIRST PRESE	NIAII	JN OF MI	JLIIPLE DEP	ENL	DENT CLAIM		۱ [	+130=		OR	+260=	
								£	TOTAL		OR	TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)				_		
AMENDMENT B		REM A	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	* 1	3	Minus	**	20	= (		X\$ 9=		OR	X\$18=	
A	Independent	*	<u>5</u>	Minus	**	0	-		X39=		OF	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								' [	+130=		OR	+260=	
								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)						
AMENDMENT C		REM A	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	trik		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	Wester		=		X39=			X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	ENE	DENT CLAIM		-			OR	7.70-	
	* If th ntry in column 1 is I ss than the ntry in column 2, write "0" in column 3.										OR	+260=	
** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, nter "3."  TOTAL ADDIT. FEE ADDIT. FEE													
	The "Highest Nur							er four	nd in the apr	ropriate box	cin coli	umn 1	